



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1614 Customer No. 035811
Examiner :
Serial No. : 10/537,325
Filed : June 2, 2005
Inventors : Michihiro Ohno Docket No.: HIR-05-1144
: Ryoji Hayashi Confirmation No.: 3199
: Masafumi Isogaya
: Hiroshi Ueda
Title : BENZOMORPHOLINE DERIVATIVES

Dated: December 1, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

Amendment Transmittal Letter, in duplicate
Preliminary Amendment

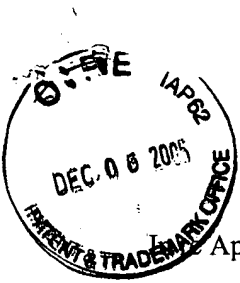
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP
Customer No. 35811

By: 

Date: 1 Dec 2005



1624/Iflw

Attorney Docket No.: HIR-05-1144

Application of Michihiro Ohno et al.

Serial No.: 10/537,325

Filed: June 2, 2005

For: BENZOMORPHONLINE DERIVATIVES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

— Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 15	-	** 20=	0
INDEP.	* 2	-	** 3=	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE
x 25 =	\$
X 100 =	\$
	\$
+180=	\$

OR

RATE	ADD'L FEE
x50 =	\$ 0
x 200 =	\$ 0
x250=	\$ 0
+360=	\$ 0

TOTAL ADDITIONAL FEE

\$ _____ OR

\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicants

TDC:vbm
(215)656-3381



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PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to issuance of an Official Action, please amend the application as follows: